Case 18-10429 Doc 1 Filed 04/10/18 Entered 04/10/18 14:08:57 Desc Main Document Page 1 of 68

Chapter you are filing under:		
☐ Chapter 7		
☐ Chapter 11		
☐ Chapter 12		
■ Chapter 13		Check if this an amended filing
	☐ Chapter 7 ☐ Chapter 11 ☐ Chapter 12	☐ Chapter 7 ☐ Chapter 11 ☐ Chapter 12

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	t1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's	Lynnette First name	First name
	license or passport). Bring your picture identification to your meeting with the trustee.	Middle name Echols Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years		
	Include your married or maiden names.		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-7281	

Case 18-10429 Doc 1 Filed 04/10/18 Entered 04/10/18 14:08:57 Desc Main Document Page 2 of 68 Case number (if known)

Debtor 1 Lynnette Echols

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):			
1.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years	■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.			
	Include trade names and doing business as names	Business name(s)	Business name(s)			
		EINs	EINs			
5.	Where you live		If Debtor 2 lives at a different address:			
		21653 Inverness Drive Plainfield, IL 60544				
		Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code			
		Will County	County			
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.			
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code			
6.	Why you are choosing this district to file for	Check one:	Check one:			
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.			
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)			

Case 18-10429 Doc 1 Filed 04/10/18 Entered 04/10/18 14:08:57 Desc Main Document Page 3 of 68

Case number (if known) Debtor 1 Lynnette Echols

ar	t 2: Tell the Court About	Your E	Bankruptcy Ca	se						
7.	The chapter of the Bankruptcy Code you are	Ched (For		prief description of each, see Λ go to the top of page 1 and ch			.C. § 342(b) for Individu	uals Filing for Bankruptcy		
	choosing to file under	☐ Chapter 7								
		□ Chapter 11								
			Chapter 12							
		■ Chapter 13								
3.	How you will pay the fee	•	about how yo order. If your	will pay the entire fee when I file my petition. Please check with the clerk's office in your local court about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit case pre-printed address.						
				the fee in installments. If you e in Installments (Official Form		e this option, sign	and attach the Applica	ation for Individuals to Pay		
			I request that but is not requapplies to you	t my fee be waived (You may uired to, waive your fee, and n ur family size and you are unal	request nay do so ble to pay	o only if your inco the fee in install	me is less than 150% of ments). If you choose t	of the official poverty line that his option, you must fill out		
			tne Application	on to Have the Chapter 7 Filing	g ree wa	iivea (Oπiciai Fori	m 103B) and file it with	your petition.		
9.	Have you filed for bankruptcy within the last 8 years?	□ N								
			District	Northern District of IL, Eastern Division	When	9/11/15	Case number	15-31104		
			District	Northern District of IL,	When	4/24/15	Case number	15-14625		
			District	Eastern Division	When	-12-110	Case number	10 14020		
			District		_ wileli		Case number			
10.	Are any bankruptcy	■ N	0							
	cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	ПΥ	es.							
			Debtor				Relationship to y	ou		
			District		When		Case number, if	known		
			Debtor				Relationship to y			
			District		When		Case number, if	known		
11.	Do you rent your residence?	■ N	o. Go to li	ine 12.						
	reductive:	ПΥ	es. Has yo	ur landlord obtained an eviction	on judgm	ent against you?				
				No. Go to line 12.						
			Yes. Fill out <i>Initial Statement About an Eviction Judgment Against You</i> (Form 101A) and file it as part of this bankruptcy petition.							

Document Page 4 of 68 Case number (if known) Debtor 1 Lynnette Echols Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time No. Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation. partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure **Bankruptcy Code and are** you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is ☐ Yes. alleged to pose a threat of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs needed, why is it needed? immediate attention?

Number, Street, City, State & Zip Code

Where is the property?

For example, do you own perishable goods, or livestock that must be fed,

or a building that needs urgent repairs?

Case 18-10429 Doc 1 Filed 04/10/18 Entered 04/10/18 14:08:57 Desc Main Document Page 5 of 68

Debtor 1 Lynnette Echols

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 Tell the court whether you have received a briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

Explain Your Efforts to Receive a Briefing About Credit Counseling

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

Case number (if known)

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 18-10429 Doc 1 Filed 04/10/18 Entered 04/10/18 14:08:57 Desc Main Document Page 6 of 68 Case number (if known)

Der	Lynnette Echois								
Par	t 6: Answer These Quest	ions for Re	porting Purposes						
16.	What kind of debts do you have?	16a.	Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."						
			_						
		401	Yes. Go to line 17.	harinan daka 0 D					
		16b.	Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.						
			☐ No. Go to line 16c.						
			☐ Yes. Go to line 17.						
		16c.	State the type of debts you	owe that are not consumer debts or busine	ess debts				
17.	Are you filing under Chapter 7?	■ No.	I am not filing under Chapte	er 7. Go to line 18.					
	Do you estimate that after any exempt property is excluded and	☐ Yes.		. Do you estimate that after any exempt pro available to distribute to unsecured creditors	operty is excluded and administrative expenses s?				
	administrative expenses		□ No						
	are paid that funds will be available for distribution to unsecured creditors?		☐ Yes						
18.	How many Creditors do	1 -49		□ 1,000-5,000	□ 25,001-50,000				
	you estimate that you owe?	☐ 50-99		5001-10,000	5 0,001-100,000				
		100-19	-	□ 10,001-25,000	☐ More than100,000				
		200-99	99						
19.	How much do you	= \$0 - \$9	50,000	☐ \$1,000,001 - \$10 million	☐ \$500,000,001 - \$1 billion				
	estimate your assets to be worth?		1 - \$100,000	□ \$10,000,001 - \$50 million	\$1,000,000,001 - \$10 billion				
			001 - \$500,000 001 - \$1 million	☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million	☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion				
20.	How much do you	□ \$0 - \$9	50,000	□ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion				
	estimate your liabilities to be?		01 - \$100,000	□ \$10,000,001 - \$50 million	□ \$1,000,000,001 - \$10 billion				
			001 - \$500,000	□ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	☐ \$10,000,000,001 - \$50 billion				
		□ \$500,0	001 - \$1 million	— \$100,000,001 - \$500 Hillion	☐ More than \$50 billion				
Par	t7: Sign Below								
For	you	I have ex	amined this petition, and I de	eclare under penalty of perjury that the info	rmation provided is true and correct.				
				7, I am aware that I may proceed, if eligible relief available under each chapter, and I of					
				Inot pay or agree to pay someone who is rethe notice required by 11 U.S.C. § 342(b).	not an attorney to help me fill out this				
		I request	relief in accordance with the	chapter of title 11, United States Code, sp	ecified in this petition.				
		I understand making a false statement, concealing property, or obtaining money or property by fraud in conne bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ and 3571. /s/ Lynnette Echols							
		Lynnett	e Echols of Debtor 1	Signature of Debt	tor 2				
		Executed	on April 9, 2018	Executed on					
			MM / DD / YYYY	M	M / DD / YYYY				

Case 18-10429 Doc 1 Filed 04/10/18 Entered 04/10/18 14:08:57 Desc Main Document Page 7 of 68

Debtor 1 Lynnette Echols Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Kevin D). Rouse ARDC	Date	April 9, 2018
Signature of	Attorney for Debtor		MM / DD / YYYY
	louse ARDC #6284394		
Printed name			
Firm name	Vu & Borges, LLC		
105 W. Ma	dison		
23rd Floor			
Chicago, I	L 60602		
Number, Street,	City, State & ZIP Code		
Contact phone	312-853-0200	Email address	notice@billbusters.com
#6284394	IL		
Dornumber 9 Ct	toto		

		DUGUITE	eni Paue o Ul Uo	
Fill in this infor	mation to identify your	case:		
Debtor 1	Lynnette Echols			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		NORTHERN DISTRICT	OF ILLINOIS	
Case number _				
(if known)				Check if this is
				amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

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Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

		Your a Value o	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	181.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	17,307.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	17,488.00
Par	t 2: Summarize Your Liabilities		
			abilities It you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	268,010.87
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	700.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	49,930.40
	Your total liabilities	\$	318,641.27
Par	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	5,901.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	4,901.00
Par	4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	r other sch	hedules.
7.	■ Yes What kind of debt do you have?		

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Case 18-10429 Doc 1 Filed 04/10/18 Entered 04/10/18 14:08:57 Desc Main Document Page 9 of 68

Debtor 1 Lynnette Echols

Document Page 9 of 68
Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

9,618.86

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total cl	aim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	700.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	700.00

Case 18-10429 Doc 1 Filed 04/10/18 Entered 04/10/18 14:08:57 Desc Main Document Page 10 of 68 Fill in this information to identify your case and this filing: Debtor 1 Lynnette Echols Middle Name First Name Last Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name NORTHERN DISTRICT OF ILLINOIS United States Bankruptcy Court for the: Case number Check if this is an amended filing Official Form 106A/B Schedule A/B: Property 12/15 In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? ■ No. Go to Part 2. Yes. Where is the property? 1.1 What is the property? Check all that apply 21653 Inverness Drive Single-family home Do not deduct secured claims or exemptions. Put Street address, if available, or other description the amount of any secured claims on Schedule D: Duplex or multi-unit building Creditors Who Have Claims Secured by Property. Condominium or cooperative Current value of the Current value of the **Plainfield** 60544-0000 IL ■ Land entire property? portion you own?

ZIP Code \$181.00 \$181.00 State ■ Investment property ☐ Timeshare Describe the nature of your ownership interest **Debtor's Residence** (such as fee simple, tenancy by the entireties, or a life estate), if known, Who has an interest in the property? Check one Debtor 1 only Will ☐ Debtor 2 only County Debtor 1 and Debtor 2 only Check if this is community property At least one of the debtors and another (see instructions) Other information you wish to add about this item, such as local property identification number:

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$181.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

No

☐ Yes

De	ebtor 1	Lynnette Echo	D0	cument	Page 1	L 01 68 Case numl	oer (if known)	
			homes, ATVs and other rec	reational veh	nicles other v		. ,	
			otors, personal watercraft, fish					
	■ No							
	☐ Yes							
5	Add the	dollar value of th	ne portion you own for all of	vour entries	from Part 2. ii	ncluding any entrie	s for	
Ū			for Part 2. Write that number					\$0.00
De	ort 2: Dos	eariba Vaur Bareans	ıl and Household Items				_	
	_		al or equitable interest in ar	y of the follo	wing items?			Current value of the
	·		•		·			portion you own? Do not deduct secured claims or exemptions.
6.		old goods and fur	nishings es, furniture, linens, china, kitc	henware				
	□ No	oor major appliance						
	Yes.	Describe						
		П	Misc used household go	ods and furi	nishinas.			\$2,882.00
_					J - ,			
7.	Electron Example	es: Televisions and	l radios; audio, video, stereo, a nones, cameras, media player		uipment; comp	uters, printers, scani	ners; music co	illections; electronic devices
	_	Describe						
		_						
			3 Television, 1 Laptop Co and Cell Phone.	mputer, 1 P	Printer, 2 Blu	etooth Speakers	;	\$1,000.00
			3 Television, 1 Laptop Co and Cell Phone.	omputer, 1 P	Printer, 2 Blu	letooth Speakers		\$1,000.00
8.	Example —	oles of value es: Antiques and fig						
8.	Example No	oles of value es: Antiques and fiq other collection	gurines; paintings, prints, or ot					
8.	Example No	oles of value es: Antiques and fig	gurines; paintings, prints, or ot					
8.	Example No	oles of value es: Antiques and fiq other collection	gurines; paintings, prints, or ot					
8.	Example No	oles of value es: Antiques and fiq other collection	gurines; paintings, prints, or ot s, memorabilia, collectibles					or baseball card collections;
	Example No Yes. Equipme Example	ples of value es: Antiques and fig other collection Describe	gurines; paintings, prints, or ot s, memorabilia, collectibles Books & Family Pictures hobbies aphic, exercise, and other hob	her artwork; b	ooks, pictures,	or other art objects	stamp, coin,	or baseball card collections;
9.	Equipme Example	ples of value es: Antiques and fig other collection Describe	gurines; paintings, prints, or ot s, memorabilia, collectibles Books & Family Pictures hobbies aphic, exercise, and other hob	her artwork; b	ooks, pictures,	or other art objects	stamp, coin,	or baseball card collections;
9.	Equipme Example No Ves. Pricearm	ples of value es: Antiques and fig other collection Describe ent for sports and es: Sports, photogr musical instrum Describe	gurines; paintings, prints, or ot s, memorabilia, collectibles Books & Family Pictures hobbies aphic, exercise, and other hob	her artwork; b	ooks, pictures,	or other art objects	stamp, coin,	or baseball card collections;
9.	Example No Equipme Example No Yes. Firearm Examp	poles of value es: Antiques and fig other collection Describe ent for sports and es: Sports, photogr musical instrum Describe Describe	gurines; paintings, prints, or ot s, memorabilia, collectibles Books & Family Pictures hobbies aphic, exercise, and other hobients	her artwork; b	ooks, pictures,	or other art objects	stamp, coin,	or baseball card collections;
9.	Example No Equipme Example No Yes. Firearm Examp	ples of value es: Antiques and fig other collection Describe ent for sports and es: Sports, photogr musical instrum Describe	gurines; paintings, prints, or ot s, memorabilia, collectibles Books & Family Pictures hobbies aphic, exercise, and other hobients	her artwork; b	ooks, pictures,	or other art objects	stamp, coin,	or baseball card collections;
9.	Equipme Example No Yes. Equipme Example No Yes. Firearm Examp No Yes. Clothes	poles of value es: Antiques and fig other collection Describe ent for sports and es: Sports, photogr musical instrum Describe ns eles: Pistols, rifles, seles: Pistols, rifles, seles: Describe	gurines; paintings, prints, or ot s, memorabilia, collectibles Books & Family Pictures hobbies aphic, exercise, and other hobients	her artwork; be	ooks, pictures,	or other art objects	stamp, coin,	or baseball card collections;
9.	Equipme Example No Yes. Equipme Example No Yes. Firearm Examp No Yes. Clothes Examp	poles of value es: Antiques and fig other collection Describe ent for sports and es: Sports, photogr musical instrum Describe ns eles: Pistols, rifles, seles: Pistols, rifles, seles: Describe	gurines; paintings, prints, or ot s, memorabilia, collectibles Books & Family Pictures hobbies aphic, exercise, and other hobients shotguns, ammunition, and relationships	her artwork; be	ooks, pictures,	or other art objects	stamp, coin,	or baseball card collections;
9.	Equipme Example No Yes. Equipme Example No Yes. Firearm Examp No Yes. Clothes Examp	poles of value es: Antiques and fig other collection Describe ent for sports and es: Sports, photogr musical instrum Describe bles: Pistols, rifles, solles: Everyday cloth Describe	gurines; paintings, prints, or ot s, memorabilia, collectibles Books & Family Pictures I hobbies aphic, exercise, and other hobients shotguns, ammunition, and relates, furs, leather coats, design	her artwork; be	ooks, pictures,	or other art objects	stamp, coin,	\$50.00 stayaks; carpentry tools;
9.	Equipme Example No Yes. Equipme Example No Yes. Firearm Examp No Yes. Clothes Examp	poles of value es: Antiques and fig other collection Describe ent for sports and es: Sports, photogr musical instrum Describe bles: Pistols, rifles, solles: Everyday cloth Describe	gurines; paintings, prints, or ot s, memorabilia, collectibles Books & Family Pictures hobbies aphic, exercise, and other hobients shotguns, ammunition, and relationships	her artwork; be	ooks, pictures,	or other art objects	stamp, coin,	or baseball card collections;

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

	Case 18-10	429	Doc 1	Filed 04/10/18 Document	Entered 04/10/18 Page 12 of 68	14:08:57	Desc Main
Debtor 1	Lynnette Echo	ls		Document	Case n	umber (if known)	
■ Yes	. Describe						
	V	Veddir	ng Ring, Br	racelet, Costume Je	welry		\$1,500.00
			<u> </u>	,			
Exan	farm animals nples: Dogs, cats, bird s. Describe	ds, hors	ses				
	P	et: 1 [Dog				\$100.00
■ No □ Yes	s. Give specific inform	nation			ncluding any health aids yo	[
				om Part 3, including a	ny entries for pages you ha	ve attached	\$6,032.00
	escribe Your Financial						
Do you o	own or have any lega	al or eq	uitable intere	est in any of the follow	ring?		Current value of the portion you own? Do not deduct secured claims or exemptions.
■ No		-		our home, in a safe dep	osit box, and on hand when yo	ou file your petitio	on
				al accounts; certificates of counts with the same ins	of deposit; shares in credit uni titution, list each.	ons, brokerage h	ouses, and other similar
	j			Institution r	name:		
		17.1.	Checking	Woodford	est Bank		\$0.00
		17.2.	Checking	TCF Bank	K	_	\$3.00
18. Bond <i>Exan</i> ■ No	s, mutual funds, or p nples: Bond funds, inv	publicl restmer	y traded stoc nt accounts wi	cks ith brokerage firms, mor	ney market accounts		
☐ Yes	3	I	nstitution or is	ssuer name:			
	oublicly traded stock venture	k and ii	nterests in in	corporated and uninc	orporated businesses, inclu	ding an interes	t in an LLC, partnership, and
☐ Yes	. Give specific inform		about them ne of entity:		% of c	wnership:	
Nego	otiable instruments inc	lude pe	ersonal check		egotiable instruments missory notes, and money ord by signing or delivering them.		
	. Give specific inform		bout them er name:				

Official Form 106A/B Schedule A/B: Property page 3

Debtor	1 Lynnette	Echols	Document	Page 13 of	Case number (if know	vn)
	irement or pen		403(b), thrift savin	ngs accounts, or othe	er pension or profit-sharir	ng plans
■ Y	es. List each ac	count separately. Type of account:	Institution	name:		
		401(k)	Fidelity			\$11,272.00
You Exa	ur share of all ur amples: Agreem	and prepayments nused deposits you have made s lents with landlords, prepaid rent				panies, or others
■ N	0 9 8		Institution	name or individual:		
_	,	act for a periodic payment of mor	ney to you, either f	or life or for a numbe	er of years)	
■ N	o es	Issuer name and description.				
	.S.C. §§ 530(b)	cation IRA, in an account in a (1), 529A(b), and 529(b)(1).	qualified ABLE p	rogram, or under a	qualified state tuition p	program.
☐ Y	es	Institution name and description	on. Separately file	the records of any ir	nterests.11 U.S.C. § 521((c):
■ N	0	or future interests in property (other than anythi	ing listed in line 1),	and rights or powers e	exercisable for your benefit
	·	c information about them				
	amples: Internet	s, trademarks, trade secrets, a domain names, websites, proce			ments	
☐ Y	es. Give specifi	c information about them				
	amples: Building	ses, and other general intangib g permits, exclusive licenses, coo		on holdings, liquor li	censes, professional lice	enses
■ Y	es. Give specifi	c information about them				
		State of Illinois	Claims Adjuste	er License		\$0.00
Money	or property ow	ved to you?				Current value of the portion you own? Do not deduct secured claims or exemptions.
28. Tax	refunds owed	to you				
■ N	_	c information about them, includi	ng whether you alr	ready filed the return	s and the tax years	
	•	e or lump sum alimony, spousal	support, child sup	port, maintenance, c	livorce settlement, prope	erty settlement
☐ Y	es. Give specific	c information				
Еха 	amples: Unpaid benefits	meone owes you wages, disability insurance payn s; unpaid loans you made to som		enefits, sick pay, vac	ation pay, workers' com	pensation, Social Security
■ N	o es. Give specifi	c information				

Official Form 106A/B Schedule A/B: Property page 4

	Case 18-1042	29 Doc 1	Filed 04/10/18 Document	Entered 04/10/18 14:08:57 Page 14 of 68	Desc Main
Debtor 1	Lynnette Echols		Boodinent	Case number (if known)	
	ets in insurance policioles: Health, disability,		nealth savings account (HSA); credit, homeowner's, or renter's insurar	nce
■ Yes.	Name the insurance of	ompany of each po Company name:	olicy and list its value.	Beneficiary:	Surrender or refund value:
		Employer Term Cash Surrende	n Life Insurance - No r Value	, 	\$0.00
If you a some o		a living trust, exped	someone who has die at proceeds from a life in	ed surance policy, or are currently entitled to rece	eive property because
Exam _p ■ No		yment disputes, in	you have filed a lawsui surance claims, or rights	it or made a demand for payment s to sue	
■ No	contingent and unlique		every nature, including	g counterclaims of the debtor and rights to	set off claims
■ No	nancial assets you did				
				ny entries for pages you have attached	\$11,275.00
Part 5: De	scribe Any Business-Re	lated Property You	Own or Have an Interest I	In. List any real estate in Part 1.	
	-		in any business-related p		
■ No. Go		equitable interest	in any business related p	roperty.	
☐ Yes. G	Go to line 38.				
	scribe Any Farm- and Co		Related Property You Own	n or Have an Interest In.	
No.	own or have any leg Go to Part 7. . Go to line 47.	al or equitable in	terest in any farm- or o	commercial fishing-related property?	
Part 7:	Describe All Property	You Own or Have a	n Interest in That You Dic	d Not List Above	
Examp	have other property oles: Season tickets, co				
■ No □ Yes.	Give specific informati	on			
54. Add t	the dollar value of all	of your entries fr	om Part 7. Write that n	umber here	\$0.00

Official Form 106A/B Schedule A/B: Property page 5

Desc Main Case 18-10429 Doc 1 Filed 04/10/18 Entered 04/10/18 14:08:57 Page 15 of 68

Case number (if known)

Document Debtor 1 **Lynnette Echols**

Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$181.00 Part 2: Total vehicles, line 5 \$0.00 57. Part 3: Total personal and household items, line 15 \$6,032.00 Part 4: Total financial assets, line 36 \$11,275.00 Part 5: Total business-related property, line 45 59. \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00 Total personal property. Add lines 56 through 61... \$17,307.00 Copy personal property total \$17,307.00 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$17,488.00

Official Form 106A/B Schedule A/B: Property page 6

Fill in this infor	rmation to identify your	case:		
Debtor 1	Lynnette Echols			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim		Specific laws that allow exemption	
	Copy the value from Schedule A/B	Che	ck only one box for each exemption.		
Misc used household goods and furnishings,	\$2,882.00	•	\$2,882.00	735 ILCS 5/12-1001(b)	
Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit		
3 Television, 1 Laptop Computer, 1 Printer, 2 Bluetooth Speakers and	\$1,000.00		\$1,000.00	735 ILCS 5/12-1001(b)	
Cell Phone. Line from Schedule A/B: 7.1			100% of fair market value, up to any applicable statutory limit		
Books & Family Pictures Line from Schedule A/B: 8.1	\$50.00		\$50.00	735 ILCS 5/12-1001(a)	
Ellie Hoff Gorledgie 742. G.1			100% of fair market value, up to any applicable statutory limit		
Personal Used Clothing Line from Schedule A/B: 11.1	\$500.00		\$500.00	735 ILCS 5/12-1001(a)	
Ellie Hoff Gorledgie 742. TTT			100% of fair market value, up to any applicable statutory limit		
Pet: 1 Dog Line from Schedule A/B: 13.1	\$100.00		\$100.00	735 ILCS 5/12-1001(b)	
Enio nom Jonedale AVD. 1011			100% of fair market value, up to		

Case 18-10429 Doc 1 Filed 04/10/18 Entered 04/10/18 14:08:57 Desc Main Document Page 17 of 68

Case number (if known)

De	Lynnette Lonois					
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the Amount of the exemption you claim portion you own			Specific laws that allow exemption	
		Copy the value from Schedule A/B	Che	ck only one box for each exemption.		
	Checking: Woodforest Bank Line from Schedule A/B: 17.1	\$0.00	•	\$15.00	735 ILCS 5/12-1001(b)	
	Line Holl Schedule A.B. 1111			100% of fair market value, up to any applicable statutory limit		
	Checking: TCF Bank Line from Schedule A/B: 17.2	\$3.00		\$3.00	735 ILCS 5/12-1001(b)	
	Ellie Holli Govedale / V.B. 1712			100% of fair market value, up to any applicable statutory limit		
	401(k): Fidelity Line from Schedule A/B: 21.1	\$11,272.00		100%	735 ILCS 5/12-1006	
	Line Holl Schedule A.D. 2111			100% of fair market value, up to any applicable statutory limit		
3.	Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every No	-		led on or after the date of adjustmen	nt.)	
	Yes. Did you acquire the property cove	red by the exemption wi	ithin 1	,215 days before you filed this case	?	
	□ No					
	☐ Yes					

		Document	Page 1	.8 of 68		
Fill in this information	to identify you	r case:				
Debtor 1 Lvr	nette Echols					
	Name	Middle Name	Last Name			
Debtor 2						
(Spouse if, filing) First	Name	Middle Name	Last Name			
United States Bankrupto	cv Court for the:	NORTHERN DISTRICT OF IL	LINOIS			
Ormod Glatoo Barmaque	y Court for the.					
Case number						
(if known)					☐ Check	if this is an
,					amend	led filing
0(": = 40	- -					
Official Form 106	<u>5D</u>					
Schedule D: C	Creditors	Who Have Claims	Secure	ed by Property	V	12/15
					,	
		If two married people are filing toget out, number the entries, and attach it				
number (if known).	onai raye, illi it t	out, number the entries, and attach h	t to this form.	On the top of any addition	iai pages, write your nai	ne and case
1. Do any creditors have cl	laims secured by	your property?				
	-	nis form to the court with your othe	r schedules	You have nothing else to	report on this form	
_		·	i soricadics.	Tou have nothing clock	o report on this form.	
Yes. Fill in all of t	the information I	below.				
Part 1: List All Secu	red Claims					
2. List all secured claims.	If a creditor has r	more than one secured claim, list the cr	editor separate	ly Column A	Column B	Column C
		a particular claim, list the other credito			Value of collateral	Unsecured
much as possible, list the cl	laims in alphabetion	cal order according to the creditor's nar	ne.	Do not deduct the value of collateral.	that supports this claim	portion If any
2.1 Clear Spring Lo	an Serv	Describe the property that secures	the claim:	\$40,615.94	\$181.00	\$40,615.94
Creditor's Name		21653 Inverness Drive Plair	nfield, IL			
		60544 Will County; Debtor	,			
		Primary Residence				
18451 N Dallas	Pkwy Ste	As of the date you file, the claim is apply.	: Check all that			
Dallas, TX 7528	•	Contingent				
Number, Street, City, Sta	ate & Zip Code	☐ Unliquidated				
		☐ Disputed				
Who owes the debt? Ch	eck one.	Nature of lien. Check all that apply.				
Debtor 1 only		☐ An agreement you made (such as	mortgage or s	ecured		
Debtor 2 only		car loan)				
Debtor 1 and Debtor 2 of	only	☐ Statutory lien (such as tax lien, me	echanic's lien)			
☐ At least one of the debto	•	☐ Judgment lien from a lawsuit	,			
☐ Check if this claim rela	ates to a	Other (including a right to offset)	Second N	lortgage		
community debt		— Other (moldaling a right to obset)				
	0					
	Opened 11/01/10					
	Last Active					
	1/18/11	Last 4 digits of account nun	nber 0804			
		=				
2.2 First Service Re	esidential	Describe the property that secures	the claim:	\$0.00	\$181.00	\$0.00
Creditor's Name	<u>Jordon Ridi</u>	21653 Inverness Drive Plair		Ψ0.00	Ψ101.00	Ψ0.00
		60544 Will County; Debtor				
		Primary Residence				
303 E. Wacker I	Or #1900	As of the date you file, the claim is	: Check all that			
Chicago, IL 606		apply. Contingent				
Number, Street, City, Sta		☐ Unliquidated				
Number, Street, Oity, Sta	ate & Zip Code	☐ Disputed				
Who owes the debt? Ch	eck one.	Nature of lien. Check all that apply.				
_	- 	☐ An agreement you made (such as		ecured		
Debtor 1 only		car loan)	, mortgage or S	oodiou		
Debtor 2 only	amb.	•	aabaalal- II \			
☐ Debtor 1 and Debtor 2 c☐ At least one of the debtor	•	Statutory lien (such as tax lien, me	echanic's lien)			
At least one of the debto	ors and another	☐ Judgment lien from a lawsuit				

Official Form 106D

Case 18-10429 Doc 1 Filed 04/10/18 Entered 04/10/18 14:08:57 Desc Main Document Page 19 of 68

Debto	r 1	Lynnette I	Echols		Cas	se number (if know)		
		First Name	Middle Na	ame Last Name				
		f this claim re unity debt	elates to a	Other (including a right to offset)	Homeowners	Association Fees		
Date d	ebt v	was incurred		Last 4 digits of account num	nber			
		ect Portfoli or's Name	o Servicing	Describe the property that secures 21653 Inverness Drive Plair 60544 Will County; Debtor' Primary Residence	nfield, IL s	\$227,394.93	\$181.00	\$0.00
		Box 65250	, UT 84165	As of the date you file, the claim is:	: Check all that			
_			State & Zip Code	☐ Contingent ☐ Unliquidated				
Who c	wes	the debt?	heck one.	☐ Disputed Nature of lien. Check all that apply.				
■ Del		•		☐ An agreement you made (such as car loan)	mortgage or secure	d		
		1 and Debtor 2	only only another	☐ Statutory lien (such as tax lien, med ☐ Judgment lien from a lawsuit	echanic's lien)			
☐ Ch	eck i	f this claim re unity debt		Other (including a right to offset)	First Mortgag	e		
Date d	ebt v	was incurred	Opened 8/01/04 Last Active 8/28/14	Last 4 digits of account num	nber 4846			
If thi	s is t	he last page	of your form, add	olumn A on this page. Write that nun the dollar value totals from all pages		\$268,010.87 \$268,010.87		
		t number her		r a Debt That You Already Listed		\$250,610.01		
Use th trying than o	is pa to co ne ci	age only if you ollect from yo reditor for an	u have others to b u for a debt you o	e notified about your bankruptcy for we to someone else, list the creditor you listed in Part 1, list the addition	a debt that you alre	list the collection agency he	ere. Similarly, if you ha	ave more
			treet, City, State & 2	Zip Code	On which li	ne in Part 1 did you enter the	creditor? 2.3	
	60 \ 201	utsche Bar Wall Stree 5 CH 1003 w York, NY	t		Last 4 digits	s of account number		
		ne, Number, Si I Lender S e	treet, City, State & 2	Zip Code	On which li	ne in Part 1 did you enter the	creditor? 2.1	
		80 E. Kaise aheim, CA			Last 4 digits	s of account number		
	FCI	Lender Se		Zip Code	On which li	ne in Part 1 did you enter the	creditor? 2.1	
	_	Box 27370 aheim, CA) 92809-0112		Last 4 digits	s of account number		
			treet, City, State & Z	•	On which li	ne in Part 1 did you enter the	creditor? 2.3	
	1 N 201				Last 4 digits	s of account number		

			Docur	<u>ient Page</u>	20 of 6	58		
Fil	l in this inforr	nation to identify your case						
De	btor 1	Lynnette Echols						
		First Name	Middle Name	Last Name	;			
	btor 2	First Name	Middle Nove	L ant Name				
(Sp	ouse if, filing)	First Name	Middle Name	Last Name	,			
Un	ited States Ba	nkruptcy Court for the: No	ORTHERN DISTRIC	CT OF ILLINOIS				
Ca	se number							
(if k	nown)						☐ Check	k if this is an
							amen	ded filing
∩f	ficial Forn	n 106F/F						
		:/F: Creditors Who	Have Unse	cured Claims	\$			12/15
		d accurate as possible. Use Pa				r creditors with NON	PRIORITY claims. I	
Sch Sch left. nam	edule G: Execu edule D: Credit Attach the Con ne and case nur	rracts or unexpired leases that tory Contracts and Unexpired ors Who Have Claims Secured tinuation Page to this page. If nber (if known). II of Your PRIORITY Unsec	Leases (Official Forn by Property. If more you have no informa	n 106G). Do not inclu space is needed, cop	de any cred	ditors with partially s you need, fill it out,	ecured claims that number the entries	are listed in in the boxes on the
га 1.	•	ors have priority unsecured cla						
••	□ No. Go to P	• •	o agamot you.					
	Yes.	u						
2.	identify what ty possible, list the Part 1. If more	r priority unsecured claims. If a pe of claim it is. If a claim has bo e claims in alphabetical order ac than one creditor holds a particu ation of each type of claim, see the	th priority and nonprio cording to the creditor' lar claim, list the other	rity amounts, list that cl s name. If you have me creditors in Part 3.	laim here ar ore than two	nd show both priority a	nd nonpriority amou	nts. As much as
		anon or each type of claim, see to	ie instructions for this	ioni in the instruction	bookiet.)	Total claim	Priority amount	Nonpriority amount
2.1		editor's Name	Last 4 digits	of account number		\$700.00	\$700.00	\$0.00
	c/o Cen Operati P.O.Box Philade	tralized INsolvency o x 21126 Iphia, PA 19114		he debt incurred?	2014		-	
		treet City State ZIp Code	As of the da	te you file, the claim	is: Check al	II that apply		
	_	d the debt? Check one.	☐ Continger					
	Debtor 1 c	only	☐ Unliquida	ted				
	Debtor 2 o	only	☐ Disputed					
	Debtor 1 a	and Debtor 2 only		ORITY unsecured cla	im:			
	At least or	ne of the debtors and another	☐ Domestic	support obligations				
	☐ Check if t	his claim is for a community		d certain other debts ye		•		
		subject to offset?	☐ Claims fo	r death or personal inju	ury while you	u were intoxicated		
	■ No		☐ Other. Sp					_
	☐ Yes			Tax Related	d 			
Pa	rt 2: List A	II of Your NONPRIORITY U	nsecured Claims					
3.	Do any credito	ors have nonpriority unsecured	d claims against you	?				
	☐ No. You ha	ve nothing to report in this part. S	Submit this form to the	court with your other s	chedules.			
	Yes.							
4.	unsecured clair	r nonpriority unsecured claims m, list the creditor separately for or holds a particular claim, list th	each claim. For each o	claim listed, identify wh	at type of cla	aim it is. Do not list cla	aims already included	d in Part 1. If more

Total claim

Part 2.

Case 18-10429 Doc 1 Filed 04/10/18 Entered 04/10/18 14:08:57 Desc Main Document Page 21 of 68
Case number (if know)

Debioi	Lynnette Echois		Case number (II know)			
4.1	Americash Loans	Last 4 digits of account number	\$6,255.01			
	Nonpriority Creditor's Name 1726 Jefferson Blvd Joliet, IL 60435	When was the debt incurred?				
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply			
	Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not			
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts			
	Yes	Other. Specify Payday Loa	an			
4.2	Armor Systems Co	Last 4 digits of account number	0671	\$71.00		
	Nonpriority Creditor's Name 1700 Kiefer Dr Ste 1	When was the debt incurred?	Opened 9/01/09			
	Zion, IL 60099 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim				
	■ Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured				
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims				
	No	Debts to pension or profit-sharing	g plans, and other similar debts			
	□Yes	Other. Specify Consultant	Attorney Dupage Surgical s Lt			
4.3	Atg Credit	Last 4 digits of account number	0948	\$276.00		
	Nonpriority Creditor's Name 1700 W Cortland St Ste 2 Chicago, IL 60622	When was the debt incurred?	Opened 9/01/09			
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim				
	■ Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured				
	☐ Check if this claim is for a community debt	☐ Student loans☐ Obligations arising out of a sepa				
	Is the claim subject to offset?	report as priority claims				
	■ No	Debts to pension or profit-sharing				
	☐ Yes	■ Other. Specify Collection Attorney Naperville Radiologists				

Case 18-10429 Doc 1 Filed 04/10/18 Entered 04/10/18 14:08:57 Desc Main Document Page 22 of 68

Lynnette Ecnois		ase number (if know)	
Banfield Pet Hospital Nonpriority Creditor's Name	Last 4 digits of account number		\$415.45
2665 N. Elston Ave. Chicago, IL 60647	When was the debt incurred?	10/14	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is:	Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured c	laim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separat report as priority claims	ion agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing p	lans, and other similar debts	
Yes	Other. Specify Pet Bill		
Citibank	Last 4 digits of account number	5664	\$1,109.08
Nonpriority Creditor's Name			
PO Box 6615 The Lakes, NV 88901	When was the debt incurred?		
Number Street City State Zlp Code	As of the date you file, the claim is:	Check all that apply	
Who incurred the debt? Check one.	•	,	
■ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured c	laim:	
☐ Check if this claim is for a community	☐ Student loans		
debt		ion agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims		
No	Debts to pension or profit-sharing p	lans, and other similar debts	
Yes	Other. Specify Debt Owed		
Citifinancial	Last 4 digits of account number	2828	\$0.00
Nonpriority Creditor's Name Attn: Bankruptcy 605 Munn Dr		Opened 02/08 Last Active	
Fort Mill, SC 29715	_		
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is:	Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured c	laim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separat report as priority claims	ion agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing p	lans, and other similar debts	
Yes	Other. Specify Notice		
	· ' 		

Case 18-10429 Doc 1 Filed 04/10/18 Entered 04/10/18 14:08:57 Desc Main Document Page 23 of 68

Debtor 1 Lynnette Echols Case number (if know) 4.7 City of Chicago Last 4 digits of account number \$390.40 Nonpriority Creditor's Name Department of Revenue When was the debt incurred? P.O. Box 88292 Chicago, IL 60680 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Parking Tickets/Fines ☐ Yes 4.8 Comcast Last 4 digits of account number \$751.00 Nonpriority Creditor's Name 1255 W. North Ave. When was the debt incurred? Chicago, IL 60622 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No \square Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Utility 4.9 **Comenity Bank/Carsons** Last 4 digits of account number 1364 \$799.00 Nonpriority Creditor's Name Opened 05/17 Last Active Po Box 182125 When was the debt incurred? 2/18/18 Columbus, OH 43218 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No \square Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Charge Account ☐ Yes

Case 18-10429 Doc 1 Filed 04/10/18 Entered 04/10/18 14:08:57 Desc Main Document Page 24 of 68

Case number (if know)

Debtor	Lynnette Echols	——————————————————————————————————————	Case number (if know)	
4.1	Comenity Bank/Victoria Secret Nonpriority Creditor's Name	Last 4 digits of account number	8139	\$71.00
	Attn: Bankruptcy Po Box 182125 Columbus, OH 43218 Number Street City State Zlp Code	When was the debt incurred? As of the date you file, the claim i	Opened 12/17 Last Active 2/07/18 s: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	Contingent		
	Debtor 2 only	Unliquidated		
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans ☐ Obligations arising out of a separeport as priority claims	d claim:	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify Charge Acc	count	
4.1	Comenitybank/New York Nonpriority Creditor's Name	Last 4 digits of account number	8873	\$253.00
	AttN: Bankruptcy Po Box 182125 Columbus, OH 43218	When was the debt incurred?	Opened 10/17 Last Active 2/07/18	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i		
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims		
	■ No	Debts to pension or profit-sharin		
	Yes	Other. Specify Charge Acc	count	
4.1	Credit One Bank Na Nonpriority Creditor's Name	Last 4 digits of account number	8817	\$644.00
	Po Box 98873 Las Vegas, NV 89193	When was the debt incurred?	Opened 01/16 Last Active 1/26/18	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed	Labelia	
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a sepa report as priority claims		
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	□Yes	■ Other, Specify Credit Card	I	

Case 18-10429 Doc 1 Filed 04/10/18 Entered 04/10/18 14:08:57 Desc Main Document Page 25 of 68

Debtor	1 Lynnette Echols	——————————————————————————————————————	Case number (if know)			
4.1						
3	DuPage Medical Group	Last 4 digits of account number	<u>3202</u>	\$35.00		
	Nonpriority Creditor's Name 15921 Collections Center Dr. Chicago, IL 60693	When was the debt incurred?	10/30/12			
	Number Street City State Zlp Code	As of the date you file, the claim i	is: Check all that apply			
	Who incurred the debt? Check one.					
	Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not			
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts			
	☐ Yes					
4.1	DuPage Medical Group	Last 4 digits of account number	1214	\$476.00		
4	Nonpriority Creditor's Name					
	15921 Collections Center Dr. Chicago, IL 60693	When was the debt incurred?	6/12/12			
	Number Street City State Zlp Code	As of the date you file, the claim i	is: Check all that apply			
	Who incurred the debt? Check one.	_				
	Debtor 1 only					
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	At least one of the debtors and another	Type of NONPRIORITY unsecured				
	☐ Check if this claim is for a community	Student loans				
	debt Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not			
	■ No	Debts to pension or profit-sharing				
	Yes	Other. Specify Medical or	Dental Services			
4.1	Grove Dental	Last 4 digits of account number	5239	\$120.60		
5	Nonpriority Creditor's Name			Ψ.20.00		
	160 E. Boughton Road Bolingbrook, IL 60440	When was the debt incurred?				
	Number Street City State ZIp Code	As of the date you file, the claim i	is: Check all that apply			
	Who incurred the debt? Check one.	_				
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only ☐ Disputed					
	At least one of the debtors and another Type of NONPRIORITY unsecured claim:					
	Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts			
	Yes	■ Other, Specify Medical or	Dental Services			

Case 18-10429 Doc 1 Filed 04/10/18 Entered 04/10/18 14:08:57 Desc Main Document Page 26 of 68

Case number (if know)

Debi	Lynnette Echois	Case number (il know)				
4.1 6	H & R Block	Last 4 digits of account number	\$702.00			
	Nonpriority Creditor's Name PO Box 272	When was the debt incurred?				
	Springfield, IL 62705 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply				
	Who incurred the debt? Check one.	To of the date you me, the diam to. Officer an that apply				
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
	■ No	Debts to pension or profit-sharing plans, and other similar debts				
	Yes	■ Other. Specify Debt Owed				
4.1	I C System Inc	Last 4 digits of account number 1824	\$754.00			
	Nonpriority Creditor's Name	East 4 digits of account fluiliber	*******			
	444 Highway 96 East P.O. Box 64378	When was the debt incurred? Opened 08/17				
	St. Paul, MN 55164 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply				
	Who incurred the debt? Check one.	As of the date you me, the claim is. Oneon an that apply				
	■ Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
	■ No	Debts to pension or profit-sharing plans, and other similar debts				
	Yes	■ Other. Specify Collection Attorney Comcast				
4.1	Illinois Tollway	Last 4 digits of account number	\$11,791.00			
0	Nonpriority Creditor's Name		VIII, IOIII			
	Attn: Violation Administration Cent 2700 Ogden Avenue	When was the debt incurred?				
	Downers Grove, IL 60515-1703 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply				
	Who incurred the debt? Check one.	The or the data year may the original original and dappry				
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community	☐ Student loans				
	debt	Obligations arising out of a separation agreement or divorce that you did not				
	Is the claim subject to offset? ■ No	report as priority claims Debts to pension or profit-sharing plans, and other similar debts				
	☐ Yes	■ Other. Specify Tollway Fines/Violations				

Case 18-10429 Doc 1 Filed 04/10/18 Entered 04/10/18 14:08:57 Desc Main Document Page 27 of 68

Debt	or 1 Lynnette Echols	Case number (if know)				
4.1	MCOA		\$246.70			
9	Nonpriority Creditor's Name	Last 4 digits of account number	\$240.7U			
	3348 Ridge Rd Lansing, IL 60438	When was the debt incurred?				
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply				
	Who incurred the debt? Check one.					
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims				
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts				
	Yes	Other. Specify Debt Owed				
4.2	Mcsi Inc	Last 4 digits of account number 2620	\$200.00			
<u> </u>	Nonpriority Creditor's Name		,			
	Po Box 327	When was the debt incurred?				
	Palos Heights, IL 60463 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply				
	Who incurred the debt? Check one.	As of the date you me, the damins. Oneck an that apply				
	■ Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
	No	☐ Debts to pension or profit-sharing plans, and other similar debts				
	☐ Yes	■ Other. Specify 01 Village Of Bellwood Rs				
4.2 1	Merchants Cr	Last 4 digits of account number 0306	\$252.00			
	Nonpriority Creditor's Name 223 W. Jackson Blvd.	When was the debt incurred? Opened 9/01/09				
	Suite 400 Chicago, IL 60606					
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply				
	Who incurred the debt? Check one.					
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community	☐ Student loans				
	debt	Obligations arising out of a separation agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts				
	■ No					
	☐ Yes	■ Other. Specify Collection Attorney Edward Hospital				

Case 18-10429 Doc 1 Filed 04/10/18 Entered 04/10/18 14:08:57 Desc Main Document Page 28 of 68

Deptor	Lynnette Ecnois		Case number (if know)		
4.2	Merchants Cr Nonpriority Creditor's Name 223 W. Jackson Blvd.	Last 4 digits of account number When was the debt incurred?	1140	\$116.00	
	Suite 400 Chicago, IL 60606 Number Street City State Zlp Code	As of the date you file, the claim i			
	Who incurred the debt? Check one. Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not		
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts		
	☐ Yes	■ Other. Specify Collection	Attorney Edward Hospital		
4.2	Monterey Col	Last 4 digits of account number	3558	\$4,391.00	
	Nonpriority Creditor's Name 4095 Avenida De La Plata Oceanside, CA 92056	When was the debt incurred?	Opened 6/22/12		
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply		
	■ Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not		
	No	☐ Debts to pension or profit-sharin			
	Yes	Other. Specify 12 Package	ed Vacations		
4.2	Municollofam	Last 4 digits of account number	8002	\$250.00	
	Nonpriority Creditor's Name 3348 Ridge Road Lansing, IL 60438	When was the debt incurred?			
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply		
	■ Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not		
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts		
	☐ Yes ☐ Other. Specify O4 Village Of Justice				

Case 18-10429 Doc 1 Filed 04/10/18 Entered 04/10/18 14:08:57 Desc Main Document Page 29 of 68

Deptor	Lynnette Echois		Case number (if know)				
4.2 5	Nationwide Credit & Collections,	Last 4 digits of account number	6847	\$25.00			
	Nonpriority Creditor's Name Attn: Bankruptcy 815 Commerce Dr Ste 270	When was the debt incurred?	Opened 10/17				
	Oak Brook, IL 60523 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply				
	■ Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts				
	Yes	Other. Specify Collection	Attorney Dupage Medical Group				
4.2	Oprah Magazine	Last 4 digits of account number		\$18.00			
	Nonpriority Creditor's Name P.O. Box 8464 Red Oak, IA 51591	When was the debt incurred?					
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply				
	Debtor 1 only						
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured					
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not				
	No	☐ Debts to pension or profit-sharin					
	Yes	■ Other. Specify Magazine/subscription					
4.2	Palisades Collection LLC	Last 4 digits of account number		\$1,642.39			
	Nonpriority Creditor's Name 210 Sylvan Ave. Englewood Cliffs, NJ 07632	When was the debt incurred?					
	Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply				
	Who incurred the debt? Check one.						
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not				
	No	<u></u>	☐ Debts to pension or profit-sharing plans, and other similar debts				
	□ Yes	Other. Specify Collections					
	□ res						

Case 18-10429 Doc 1 Filed 04/10/18 Entered 04/10/18 14:08:57 Desc Main Document Page 30 of 68

Case number (if know)

Debtor	1 Lynnette Echols	——————	Case number (if know)	
4.2	Purchasing Power Llc	Last 4 digits of account number		\$300.30
	Nonpriority Creditor's Name 1375 Peachtree NE St., Ste 500 Atlanta, GA 30309	When was the debt incurred?		
	Number Street City State Zlp Code	As of the date you file, the claim		
	Who incurred the debt? Check one.			
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt		ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	No	Debts to pension or profit-sharing		
	Yes	Other. Specify Debt Owed		
4.2	Quantum 3 Group LLC	Last 4 digits of account number		\$300.30
	Nonpriority Creditor's Name	When was the debt incurred?		
	P.O.Box 788	when was the dest incurred:		
	Kirkland, WA 98083-0788			
	Number Street City State ZIp Code	As of the date you file, the claim		
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt		ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	No	☐ Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Debt Owed		
4.3	Santander Consumer Usa	Last 4 digits of account number	1000	\$15,844.00
0	Nonpriority Creditor's Name	Last 4 digits of account number		Ψ10,044.00
	Po Box 961245 Ft Worth, TX 76161	When was the debt incurred?	Opened 4/01/10 Last Active 4/02/14	
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	•	,	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
		☐ Student loans		
	☐ Check if this claim is for a community debt		aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	action agreement of diverse that you did not	
	No	\square Debts to pension or profit-sharing plans, and other similar debts		
	☐ Yes	■ Other. Specify Automobile	•	

Case 18-10429 Doc 1 Filed 04/10/18 Entered 04/10/18 14:08:57 Desc Main Document Page 31 of 68

Case number (if know)

Debio	Lynnette Echois		Case Hulliber (II know)			
4.3	Speedy Loan	Last 4 digits of account number		\$502.51		
	Nonpriority Creditor's Name 2850 Belvidere Rd	When was the debt incurred?				
	Waukegan, IL 60085	When was the dest meaned.				
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply			
	Who incurred the debt? Check one.					
	■ Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not			
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts			
	Yes	Other. Specify Payday Lo.	an			
4.3	Stellar Recovery Inc	Last 4 digits of account number	2180	\$260.00		
	Nonpriority Creditor's Name 4500 Salisbury Rd Ste 10	When was the debt incurred?	Opened 9/01/14			
	Jacksonville, FL 32216 Number Street City State Zlp Code	As of the date you file, the claim				
	Who incurred the debt? Check one.	7.0 0. 11.0 44.0 ,04 11.0, 11.0 0.41.11	191 Official and apply			
	■ Debtor 1 only □ Contingent					
	□ Debtor 2 only □ Unliquidated					
	Debtor 2 only Disputed					
	☐ At least one of the debtors and another					
	☐ Check if this claim is for a community	☐ Student loans				
	debt	☐ Obligations arising out of a sepa				
	Is the claim subject to offset?	report as priority claims	·			
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts			
	Yes	■ Other. Specify Collection	Attorney Comcast			
4.3	University of Chicago	Last 4 digits of account number	1643	\$219.72		
	Nonpriority Creditor's Name	_				
	ROSEN JEFFREY L	When was the debt incurred?	1/18/14			
	541 Otis Bowen Dr. Munster, IN 46321					
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply			
	Who incurred the debt? Check one.					
	Debtor 1 only	☐ Contingent				
	□ Debtor 2 only □ Unliquidated					
	□ Debtor 1 and Debtor 2 only □ Disputed					
	☐ At least one of the debtors and another	d claim:				
	☐ Check if this claim is for a community	☐ Student loans				
	debt	☐ Obligations arising out of a sepa	aration agreement or divorce that you did not			
	Is the claim subject to offset?	report as priority claims	·			
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts				
	☐ Yes ■ Other. Specify Medical or Dental Services					

Case 18-10429 Doc 1 Filed 04/10/18 Entered 04/10/18 14:08:57 Desc Main Document Page 32 of 68

Case number (if know)

Debtor	1 Lynnette Echols		Case number (if know)				
4.3	Valley View Dental	Last 4 digits of account num	nber 0349	\$71.45			
4	Nonpriority Creditor's Name	Last 4 digits of account fruit		Ψσ			
	441 N. Weber Road	When was the debt incurred					
	Romeoville, IL 60446	As of the date were file the se	lein ier Ol II II II I				
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the c	laim is: Check all that apply				
	_	-					
	Debtor 1 only	Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	Debtor 1 and Debtor 2 only	☐ Disputed					
	\square At least one of the debtors and another	Type of NONPRIORITY unse	ecured claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt		separation agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims					
	■ No		sharing plans, and other similar debts				
	☐ Yes	Other. Specify Medica	l or Dental Services				
4.3	Waukegan Loan Management	Last 4 digits of account num	ahar	\$377.49			
5	Nonpriority Creditor's Name	Last 4 digits of account hun		Ψ011110			
	PO Box 184	When was the debt incurred					
	Des Plaines, IL 60016	<u> </u>					
	Number Street City State ZIp Code	As of the date you file, the c	As of the date you file, the claim is: Check all that apply				
	Who incurred the debt? Check one.	_					
	Debtor 1 only	☐ Contingent	☐ Contingent				
	Debtor 2 only	☐ Unliquidated	☐ Disputed Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
	Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unse					
	☐ Check if this claim is for a community	☐ Student loans					
	debt						
	Is the claim subject to offset?						
	No		sharing plans, and other similar debts				
	Yes	Other. Specify Payday	Loan				
Part 3:	List Others to Be Notified About a D	ebt That You Already Listed					
is tryii have i	ng to collect from you for a debt you owe to s	someone else, list the original credi at you listed in Parts 1 or 2, list the	that you already listed in Parts 1 or 2. For examp itor in Parts 1 or 2, then list the collection agency additional creditors here. If you do not have add	here. Similarly, if you			
	nd Address	On which entry in Part 1 or Part 2 die	· <u> </u>				
	cash Loan	Line 4.1 of (Check one):	Part 1: Creditors with Priority Unsecured Clair	ms			
PO Bo	ox 184 laines, IL 60016-0187		Part 2: Creditors with Nonpriority Unsecured	Claims			
Des i	iailles, iL 00010-0107	Last 4 digits of account number					
Name a	nd Address	On which entry in Part 1 or Part 2 die	d you list the original creditor?				
	f Chicago Corporate	Line 4.7 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Clair	ms			
Couns			■ Part 2: Creditors with Nonpriority Unsecured	Claims			
Suite	. LaSalle Street						
	go, IL 60602						
	5 -,	Last 4 digits of account number					
Name a	nd Address	On which entry in Part 1 or Part 2 die	d you list the original creditor?				
	National Collection Bureau	Line 4.5 of (Check one):	Part 1: Creditors with Priority Unsecured Clair	ns			
	altham Way		■ Part 2: Creditors with Nonpriority Unsecured				
Spark	s, NV 89434-6695	Loot 4 digita of account asset as	and a second sec				
		Last 4 digits of account number					
	nd Address	On which entry in Part 1 or Part 2 die	d you list the original creditor?				
IC Sys	stem Inc.	Line 4.4 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Clair	ms			

Official Form 106 E/F

Case 18-10429 Doc 1 Filed 04/10/18 Entered 04/10/18 14:08:57 Desc Main Document Page 33 of 68

Debtor 1 Ly	nnette	Echols		Case n	number (if know)
	PO Box 64378 Part 2: Creditors with Nonpriority Unsecured Clais Faint Paul, MN 55164 Last 4 digits of account number		Creditors with Nonpriority Unsecured Claims		
Name and Address Linebarger Goggan Blair & Sampson P.O. Box 06152			On which entry in Part 1 or Part 2 di Line <u>4.7</u> of (<i>Check one</i>):	☐ Part 1: 0	original creditor? Creditors with Priority Unsecured Claims Creditors with Nonpriority Unsecured Claims
Chicago, IL	00000-	-0132	Last 4 digits of account number		
Name and Addr Palisades O PO Box 127 Englewood	Collection 74		On which entry in Part 1 or Part 2 di Line 4.27 of (Check one):	☐ Part 1: 0	original creditor? Creditors with Priority Unsecured Claims Creditors with Nonpriority Unsecured Claims
			Last 4 digits of account number		
Name and Address Quantum 3 Group LLC as agent for Galaxy Asset Puchasing LLC P.O.Box 788 Kirkland, WA 98083-0788		nasing LLC	On which entry in Part 1 or Part 2 di Line 4.28 of (Check one): Last 4 digits of account number	☐ Part 1: 0	original creditor? Creditors with Priority Unsecured Claims Creditors with Nonpriority Unsecured Claims
Name and Address On Speedy Cash Line 848 E Sibley Blvd Dolton, IL 60419			On which entry in Part 1 or Part 2 di Line 4.31 of (Check one): Last 4 digits of account number	☐ Part 1: 0	original creditor? Creditors with Priority Unsecured Claims Creditors with Nonpriority Unsecured Claims
Steller Reco	Name and Address Steller Recovery, Inc. P.O. Box 1119 Charlotte, NC 28201-1119 Charlotte and Address On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.8 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number 7836			Creditors with Priority Unsecured Claims Creditors with Nonpriority Unsecured Claims	
Name and Addr Sunrise Cre PO Box 910 Farmingdal	edit Ser 00		On which entry in Part 1 or Part 2 di Line <u>4.26</u> of (<i>Check one</i>):	☐ Part 1: 0	original creditor? Creditors with Priority Unsecured Claims Creditors with Nonpriority Unsecured Claims
Name and Address Trustmark Recovery Service 541 Otis Bowen Drive Munster, IN 46321		.*	On which entry in Part 1 or Part 2 di Line 4.33 of (Check one):	☐ Part 1: 0	original creditor? Creditors with Priority Unsecured Claims Creditors with Nonpriority Unsecured Claims
Name and Address TSI/980 600 Holiday Drive Matteson, IL 60443		3	On which entry in Part 1 or Part 2 di Line 4.18 of (<i>Check one</i>): Last 4 digits of account number	did you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims	
Name and Address Vativ Recovery Solutions LLC P.O. Box 40728 Houston, TX 77240			On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.27 of (Check one):		Creditors with Priority Unsecured Claims
Part 4: Ad	d the Ar	mounts for Each Type of l	Jnsecured Claim		
	ounts of	certain types of unsecured cl		ical reporting	purposes only. 28 U.S.C. §159. Add the amounts for each
Total claims	6a.	Domestic support obligatio	ns	6a.	Total Claim \$
from Part 1	6b. 6c.		ots you owe the government al injury while you were intoxicated	6b. 6c.	\$ \$

Official Form 106 E/F

Doc 1 Filed 04/10/18 Entered 04/10/18 14:08:57 Desc Main Case 18-10429 Page 34 of 68 Case number (if know) Document

Debtor 1 Lynnette Echols

	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 700.00
Total	6f.	Student loans	6f.	\$ Total Claim 0.00
claims from Part 2	6g. 6h.	you did not report as priority claims	6g. 6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 49,930.40
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 49,930.40

			111 1 11111: 00 01 00			
Fill in this information to identify your case:						
Debtor 1	Lynnette Echols					
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Bankruptcy Court for the:		NORTHERN DISTRICT	OF ILLINOIS			
Case number						
(if known)						

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with Name, Number,	whom you have the Street, City, State and ZIP (contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.2					
	Name				_
	Number	Street			
	City		State	ZIP Code	_
2.3					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.4					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.5					
	Name				_
	Number	Street			
	City		State	ZIP Code	

		Docume	nt Page 36 d	of 68
Fill in this	s information to identify your	case:		
Debtor 1	Lynnette Echols			
	First Name	Middle Name	Last Name	
Debtor 2	ing) First Name	Middle Name	Last Name	
(Spouse if, fili	ilig) Filst Name			
United Sta	ates Bankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case num	ber			
(if known)				☐ Check if this is an
				amended filing
Officia	l Form 106H			
		-1-4		
<u>Scnec</u>	dule H: Your Code	eptors		12/15
1. Do ■ No □ Yes		ou are filing a joint case, o	do not list either spouse	e as a codebtor.
	thin the last 8 years, have you na, California, Idaho, Louisiana,			ry? (Community property states and territories include ington, and Wisconsin.)
■ No.	. Go to line 3.			
☐ Yes	s. Did your spouse, former spou	se, or legal equivalent live	with you at the time?	
in line Form out C	e 2 again as a codebtor only if	that person is a guaran	tor or cosigner. Make	r if your spouse is filing with you. List the person shown sure you have listed the creditor on Schedule D (Official DGG). Use Schedule D, Schedule E/F, or Schedule G to fil
	Name, Number, Street, City, State and ZIF	P Code		Check all schedules that apply:
3.1				☐ Schedule D, line
	Name			☐ Schedule E/F, line
				☐ Schedule G, line
-	Number Street			_
	City	State	ZIP Code	
3.2				Schedule D, line
	Name			Schedule E/F, line
				☐ Schedule G, line
-	Number Street	State	ZIP Code	_
	Larv	orate	/ IF C00e	

Doc 1 Filed 04/10/18 Entered 04/10/18 14:08:57 Desc Main Case 18-10429 Page 37 of 68 Document

FIII	in this information to identify your o	ase:			
Del	otor 1 Lynnette Ec	hols			
	otor 2 ouse, if filing)				
Uni	ted States Bankruptcy Court for the	: NORTHERN DISTRIC	CT OF ILLINOIS		
(If kr	se number nown)		-		··
0	fficial Form 106I			MM / DD	/ YYYY
S	chedule I: Your Inc	ome			12/15
atta	Describe Employment Fill in your employment		onal pages, write your name ar	id case number (if known). Answer every question.
	information.		Debtor 1	Debto	r 2 or non-filing spouse
	If you have more than one job, attach a separate page with	Employment status	■ Employed		ployed
	information about additional employers.		☐ Not employed	☐ Not	t employed
	. ,	Occupation	Senior Claim Rep.	Custo	omer Service
	Include part-time, seasonal, or self-employed work.	Employer's name	Pekin Insurance	South	nwest Airlines
	Occupation may include student or homemaker, if it applies.	Employer's address	4355 Weaver Parkway Suite300 Warrenville, IL 60555	–	ox 36611 s, TX 75235
		How long employed t	here? 3.5 years		2 years
Par	t 2: Give Details About Mo	nthly Income			
Esti	mate monthly income as of the duse unless you are separated.	•	you have nothing to report for any	v line, write \$0 in the	he space. Include your non-filing
	u or your non-filing spouse have m e space, attach a separate sheet to		ombine the information for all emp	oloyers for that per	rson on the lines below. If you need
				For Debtor 1	For Debtor 2 or

non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 6,895.00 2,216.00 2. deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 0.00 0.00 3. +\$ Calculate gross Income. Add line 2 + line 3. 6,895.00 2,216.00

Official Form 106I Schedule I: Your Income page 1

Case 18-10429 Doc 1 Filed 04/10/18 Entered 04/10/18 14:08:57 Desc Main Document Page 38 of 68

Deb	tor 1	Lynnette Echols		Case r	number (if known)			
	Cop	y line 4 here	4.	For	Debtor 1 6,895.00	For Debt	tor 2 or g spouse 2,216.00	
5.	l ist	all payroll deductions:						
J.	5a. 5b. 5c. 5d. 5e.	Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Voluntary contributions for retirement plans Required repayments of retirement fund loans Insurance	5a. 5b. 5c. 5d. 5e.	\$ \$ \$	1,345.00 0.00 206.00 0.00 483.00	\$ \$ \$ \$ \$	684.00 0.00 0.00 0.00 148.00	
	5f. 5g. 5h.	Domestic support obligations Union dues Other deductions. Specify: Life Insurance United Way Vehicle Charge	5f. 5g. 5h.+ _ _	\$ 	22.00 99.00	\$ \$ \$	0.00 60.00 9.00 0.00 0.00	
		FAIA Uniplan ADD Insurance	_	\$ \$	127.00 0.00	\$ 	1.00	
6. 7		I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. 7.	\$ \$	2,308.00	\$ \$	902.00	
7. 8.	8b. 8c. 8d. 8e. 8f. 8g. 8h.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income Other monthly income. Specify:	8a. 8b. 8c. 8d. 8e. - 8f. 8g. 8h.+	\$ \$ \$ \$ \$ \$	0.00 0.00 0.00 0.00 0.00 0.00 0.00	\$ \$ \$ \$ \$ +	0.00 0.00 0.00 0.00 0.00 0.00 0.00	1
9.		l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$	0.00	1
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$		1,587.00 + \$_	1,314.0	00 = \$	5,901.00
11.	Incli othe Do i	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify:	depen			ed in <i>Sched</i>	dule J. 1. +\$	0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The result in the summary of Schedules and Statistical Summary of Certain lies				, if it	Combine	
13.	Do :	you expect an increase or decrease within the year after you file this form? No. Yes. Explain:	?				monthly	income

Case 18-10429 Doc 1 Filed 04/10/18 Entered 04/10/18 14:08:57 Desc Main Document Page 39 of 68

Fill in	this informa	tion to identify yo	our case:			Ī			
Debto		Lynnette Ecl					c if this is:		
Debto (Spou	or 2 use, if filing)	-					☐ An amended filing ☐ A supplement showing postpetition of 13 expenses as of the following date		
` '		uptcy Court for the	: NORTH	HERN DISTRICT OF ILLIN	OIS	_	MM / DD / YYYY		
	number	aptoy countries and							
(If knc	own)								
Off	icial Fo	rm 106J							
Sc	hedule	J: Your	Exper	ises				12/15	
Be as	s complete mation. If m	and accurate as	possible eded, atta	. If two married people ar					
Part 1		ribe Your House	hold						
	Is this a joir No. Go to								
			in a separ	ate household?					
	□N	0							
	ПΥ	es. Debtor 2 mus	st file Offic	al Form 106J-2, Expenses	for Separate House	ehold of Debto	or 2.		
2.	Do you have	e dependents?	□ No						
	Do not list D Debtor 2.	ebtor 1 and	■ Yes.	Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor		Dependent's age	Does dependent live with you?	
	Do not state				Describtor		40	□ No	
	dependents	names.			Daughter			■ Yes □ No	
								□ Yes	
								□ No	
								☐ Yes ☐ No	
								☐ Yes	
		enses include		No			 -		
		f people other t d your depende		Yes					
Part 2	2: Estim	ate Your Ongoi	ng Month	ly Expenses					
expe				uptcy filing date unless y y is filed. If this is a supp					
the v		h assistance an		government assistance in cluded it on <i>Schedule I:</i> Y			Your exp	enses	
	-					_			
		nd any rent for the		ses for your residence. In or lot.	nclude first mortgage	e 4. \$		1,547.00	
	If not includ	led in line 4:							
		estate taxes				4a. \$	-	0.00	
		rty, homeowner's				4b. \$		0.00	
		maintenance, re owner's associat	•	upkeep expenses dominium dues		4c. \$ 4d. \$		100.00 66.00	
				our residence, such as ho	me equity loans	5. \$		0.00	

Case 18-10429 Doc 1 Filed 04/10/18 Entered 04/10/18 14:08:57 Desc Main Document Page 40 of 68

Debtor 1	Lynnette Echols	Case num	ber (if known)	
6. Utilit	ties:			
6a.	Electricity, heat, natural gas	6a.	\$	220.00
6b.	Water, sewer, garbage collection	6b.	\$	110.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.		0.00
6d.	Other. Specify: Cable & Internet	6d.		153.00
	Cell Phone		\$	300.00
Food	d and housekeeping supplies		· · · · · · · · · · · · · · · · · · ·	600.00
	dcare and children's education costs	7. 8.	·	
			·	30.00
	hing, laundry, and dry cleaning	9.	· -	150.00
	sonal care products and services	10.	·	100.00
	ical and dental expenses	11.	\$	240.00
	sportation. Include gas, maintenance, bus or train fare.	40	Φ.	400.00
	ot include car payments.	12.	·	
	ertainment, clubs, recreation, newspapers, magazines, and books	13.	·	0.00
. Cha	ritable contributions and religious donations	14.	\$	200.00
. Insu	rance.			
	ot include insurance deducted from your pay or included in lines 4 or 20.			
	Life insurance	15a.	·	0.00
15b.	Health insurance	15b.	·	0.00
15c.	Vehicle insurance	15c.	\$	114.00
15d.	Other insurance. Specify:	15d.	\$	0.00
. Taxe	es. Do not include taxes deducted from your pay or included in lines 4 or 20.			
Spec		16.	\$	0.00
. Insta	allment or lease payments:			
	Car payments for Vehicle 1	17a.	\$	550.00
	Car payments for Vehicle 2	17b.	\$	0.00
	Other. Specify: Healt Club	17c.	·	21.00
	Other. Specify:	17d.	·	0.00
	r payments of alimony, maintenance, and support that you did not report as		Ψ	0.00
	r payments of alliflory, maintenance, and support that you did not report as ucted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).		\$	0.00
	er payments you make to support others who do not live with you.		\$	0.00
Spec		19.	Ψ	0.00
	ony. Er real property expenses not included in lines 4 or 5 of this form or on <i>Sch</i>		our Incomo	
	Mortgages on other property	20a.		0.00
	Real estate taxes	20a. 20b.	· -	
				0.00
	Property, homeowner's, or renter's insurance	20c.		0.00
	Maintenance, repair, and upkeep expenses	20d.	·	0.00
20e.	Homeowner's association or condominium dues	20e.	\$	0.00
l. Othe	er: Specify:	21.	+\$	0.00
Colo	ulate very menthly expanses			
	culate your monthly expenses		\$	4 004 00
	Add lines 4 through 21.		T	4,901.00
22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
22c.	Add line 22a and 22b. The result is your monthly expenses.		\$	4,901.00
0-1-	vilata varus manthiu nat inaama			
	culate your monthly net income.	00	Φ.	F 004 00
	Copy line 12 (your combined monthly income) from Schedule I.	23a.	· -	5,901.00
23b.	Copy your monthly expenses from line 22c above.	23b.	-\$	4,901.00
00	Outros de como mandido como constituido de constitu			
23c.	Subtract your monthly expenses from your monthly income.	23c.	\$	1,000.00
	The result is your monthly net income.	23C.	Ψ	1,000.00
4. Doy For e	rou expect an increase or decrease in your expenses within the year after yexample, do you expect to finish paying for your car loan within the year or do you expect you	ou file this	s form?	e or decrease because of a
	fication to the terms of your mortgage?	Jrigage	r = 1	
	es. Explain here:			

Case 18-10429 Doc 1 Filed 04/10/18 Entered 04/10/18 14:08:57 Desc Main Document Page 41 of 68

Fill in th	is information to identify your	case:			
Debtor 1					
Dobtor 2	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if,		Middle Name	Last Name		
United S	states Bankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Case nu	mber				
(if known)				_	Check if this is an amended filing
	ll Form 106Dec aration About a	an Individual	Debtor's Sc	hedules	12/15
				Making a false statement, cond	
	g money or property by fraud i both. 18 U.S.C. §§ 152, 1341,		kruptcy case can result ir	n fines up to \$250,000, or impris	sonment for up to 20
,	• • • • • • • • • • • • • • • • • • • •	,			
	Sign Below				
Did	l you pay or agree to pay some	eone who is NOT an attor	rney to help you fill out ba	ankruptcy forms?	
	No				
	Yes. Name of person			Attach Bankruptcy Petit	
				Declaration, and Signat	ture (Official Form 119)
	ler penalty of perjury, I declare they are true and correct.	that I have read the sum	nmary and schedules filed	d with this declaration and	
v	/o/ I compette Februar		v		
_	/s/ Lynnette Echols Lynnette Echols		X Signature of I	Debtor 2	
	Signature of Debtor 1		- ·g. · · · · · · · ·		
	Date April 9, 2018		Date		

Case 18-10429 Doc 1 Filed 04/10/18 Entered 04/10/18 14:08:57 Desc Main Document Page 42 of 68

Fill in	this inform	ation to identify you	r case:			
Debto		Lynnette Echols				
Debit) i	First Name	Middle Name	Last Name		
Debto		First Name	Middle Name	Last Name		
, .	e if, filing)					
Unite	d States Ban	kruptcy Court for the:	NORTHERN DISTRICT (OF ILLINOIS		
Case (if know	number				_	heck if this is an mended filing
	cial For tement		Affairs for Indivi	duals Filing for B	ankruptcy	4/10
inforn	nation. If mo	ore space is needed,). Answer every que	attach a separate sheet to	this form. On the top of any	equally responsible for supp additional pages, write you	
		current marital statu		A EIVER BEIOIC		
	■ Married □ Not marr	ied				
2. D	Juring the la	et 3 years, have you	lived anywhere other than	where you live now?		
Z. L	dring the la	st 5 years, have you	iived allywhere other than	where you live now :		
	■ No □ Yes. List	all of the places you l	ived in the last 3 years. Do n	ot include where you live now		
1	Debtor 1 Pri	or Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
					ity property state or territory co, Texas, Washington and W	
	■ No □ Yes. Mal	ke sure you fill out <i>Scl</i>	nedule H: Your Codebtors (O	fficial Form 106H).		
Part 2	2 Explain	the Sources of You	r Income			
F	ill in the total	amount of income yo	u received from all jobs and	ng a business during this ye all businesses, including part- e together, list it only once un		dar years?
		in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
			■ Wages, commissions, bonuses, tips	\$12,729.00	■ Wages, commissions, bonuses, tips	\$9,327.00
			☐ Operating a business		☐ Operating a business	

Official Form 107

Doc 1 Filed 04/10/18 Entered 04/10/18 14:08:57 Desc Main Case 18-10429 Page 43 of 68
Case number (if known) Document

Debtor 1 Lynnette Echols

			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
			☐ Wages, commissions, bonuses, tips	\$0.00	☐ Wages, commissions, bonuses, tips	
			Operating a business		☐ Operating a business	
	r last calen anuary 1 to	dar year: December 31, 2017)	■ Wages, commissions, bonuses, tips	\$83,334.00	☐ Wages, commissions, bonuses, tips	\$28,064.65
			☐ Operating a business		☐ Operating a business	
			☐ Wages, commissions, bonuses, tips	\$0.00	☐ Wages, commissions, bonuses, tips	
			Operating a business		☐ Operating a business	
For the calendar year before that: (January 1 to December 31, 2016)			■ Wages, commissions, bonuses, tips \$73,345.00		☐ Wages, commissions, bonuses, tips \$22,55	
			☐ Operating a business		☐ Operating a business	
			☐ Wages, commissions, bonuses, tips	\$-9,382.00	☐ Wages, commissions, bonuses, tips	
			Operating a business		☐ Operating a business	
5.	Include ind and other winnings. List each s	come regardless of whet public benefit payments; f you are filing a joint ca	the during this year or the two her that income is taxable. Exa pensions; rental income; inter se and you have income that y ome from each source separat	amples of other income are a rest; dividends; money collection received together, list it of the collection of the colle	ted from lawsuits; royalties; ar nly once under Debtor 1.	
			Debtor 1		Debtor 2	
			Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income (before deductions and exclusions)
Pa	rt 3: List	Certain Payments You	ı Made Before You Filed for ∣	Bankruptcy		
6.	Are either	Neither Debtor 1 nor I individual primarily for a	2's debts primarily consumer Debtor 2 has primarily consumer a personal, family, or householo ore you filed for bankruptcy, di	umer debts. Consumer debts Id purpose."	·	01(8) as "incurred by an

not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do

□ No.

☐ Yes

Go to line 7.

Document Page 44 of 68 Case number (if known) Debtor 1 Lynnette Echols Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. **Creditor's Name and Address Dates of payment Total amount** Amount you Was this payment for ... still owe paid Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. No Yes. List all payments to an insider. Insider's Name and Address Total amount Amount you Reason for this payment Dates of payment still owe paid Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider Insider's Name and Address Dates of payment Reason for this payment Total amount Amount you still owe Include creditor's name paid Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. Nο Yes. Fill in the details. Case title Nature of the case Court or agency Status of the case Case number Deutsche Bank National Bank Vs. **Foreclosure** Circuit Court of the 12th Pending **Lynnette Echols** Judicial □ On appeal 2015 CH 1003 Circuit Court, Will County, □ Concluded IL 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. **Creditor Name and Address Describe the Property** Date Value of the property **Explain what happened**

Case 18-10429

Doc 1

Filed 04/10/18

Entered 04/10/18 14:08:57

Desc Main

Case 18-10429 Doc 1 Filed 04/10/18 Entered 04/10/18 14:08:57 Desc Main Document Page 45 of 68 Case number (if known)

11.	 Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? No Yes. Fill in the details. 					
	Creditor Name and Address	Des	scribe the action the creditor took	Date action was taken	Amount	
12.	Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a No		as any of your property in the possession of an a er official?	assignee for the ben	efit of creditors, a	
	☐ Yes					
Pai	t 5: List Certain Gifts and Contributions					
13.	Within 2 years before you filed for bankrup ■ No □ Yes. Fill in the details for each gift.	tcy, c	lid you give any gifts with a total value of more t	han \$600 per person	?	
	Gifts with a total value of more than \$600 per person		Describe the gifts	Dates you gave the gifts	Value	
	Person to Whom You Gave the Gift and Address:					
14.	Within 2 years before you filed for bankrup ☐ No	tcy, c	lid you give any gifts or contributions with a tota	l value of more than	\$600 to any charity?	
	Yes. Fill in the details for each gift or con	tributi	on.			
	Gifts or contributions to charities that tot more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	al	Describe what you contributed	Dates you contributed	Value	
	Kendricks Memorial MB 1107 W. 79th Street Chicago, IL 60620		Monetary Donation: \$100.00 per month	Monthly	\$100.00	
Pai	t 6: List Certain Losses					
15.	Within 1 year before you filed for bankruptor gambling?	cy or	since you filed for bankruptcy, did you lose anyt	hing because of the	ft, fire, other disaster,	
	■ No					
	☐ Yes. Fill in the details.					
	how the loss occurred	clude	the amount that insurance has paid. List pending ce claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost	
Pai	t 7: List Certain Payments or Transfers					
	Within 1 year before you filed for bankrupto consulted about seeking bankruptcy or pre	parir	d you or anyone else acting on your behalf pay on ga bankruptcy petition? s, or credit counseling agencies for services required		erty to anyone you	
	□ No					
	Yes. Fill in the details.					
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	J	Description and value of any property transferred	Date payment or transfer was made	Amount of payment	

Doc 1 Filed 04/10/18 Entered 04/10/18 14:08:57 Desc Main Case 18-10429 Page 46 of 68 Case number (if known) Document

Debtor 1 Lynnette Echols

	Person Who Was Paid Address Email or website address	Description and transferred	value of any proper	rty	Date payment or transfer was made	Amount of payment
	Person Who Made the Payment, if Not You Ledford, Wu & Borges, LLC 105 W. Madison 23rd Floor Chicago, IL 60602 notice@billbusters.com		prior to case filin paid through the n.		02/2018	\$1,000.00
	CIN Legal Data Services 4540 Honeywell Ct Dayton, OH 45424		ged, multi-bureau ounseling and de ses.		02/2018	\$60.00
17.	Within 1 year before you filed for bankruptcy promised to help you deal with your creditor Do not include any payment or transfer that you No	rs or to make payment			r transfer any prope	rty to anyone who
	Yes. Fill in the details. Person Who Was Paid Address	Description and transferred	value of any proper	rty	Date payment or transfer was made	Amount of payment
 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. No Yes. Fill in the details. 						
	Person Who Received Transfer Address	Description and property transfer			nny property or received or debts change	Date transfer was made
19.	Person's relationship to you 9. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details.					
	Name of trust	Description and	value of the proper	ty transferre	ed	Date Transfer was made
Par	List of Certain Financial Accounts, Ins	truments, Safe Depos	it Boxes, and Stora	ge Units		
	Within 1 year before you filed for bankruptcy sold, moved, or transferred? Include checking, savings, money market, o houses, pension funds, cooperatives, assoc No Yes. Fill in the details.	r other financial accou	ınts; certificates of			
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account instrument	clo	e account was sed, sold, ved, or nsferred	Last balance before closing or transfer

Doc 1 Filed 04/10/18 Entered 04/10/18 14:08:57 Desc Main Case 18-10429 Page 47 of 68 Case number (if known) Document

Debtor 1 Lynnette Echols

21.	1. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?				
	No No				
	Yes. Fill in the details.				
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?	
22.	Have you stored property in a storage unit or pla	ace other than your home within 1	year before you filed for bankruptcy?	•	
	■ No □ Yes. Fill in the details.				
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it?	Describe the contents	Do you still have it?	
		Address (Number, Street, City, State and ZIP Code)			
Par	9: Identify Property You Hold or Control for S	Someone Else			
23.	Do you hold or control any property that someofor someone.	ne else owns? Include any proper	ty you borrowed from, are storing for	, or hold in trust	
	■ No				
	Yes. Fill in the details.				
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value	
Par	110: Give Details About Environmental Informa	ition			
For	the purpose of Part 10, the following definitions	apply:			
_	, , , , , , , , , , , ,				
	Environmental law means any federal, state, or l toxic substances, wastes, or material into the ai regulations controlling the cleanup of these sub	r, land, soil, surface water, ground	•		
	Site means any location, facility, or property as to own, operate, or utilize it, including disposal	_	law, whether you now own, operate, o	or utilize it or used	
	Hazardous material means anything an environr hazardous material, pollutant, contaminant, or s		waste, hazardous substance, toxic s	ubstance,	
Rep	ort all notices, releases, and proceedings that yo	u know about, regardless of wher	n they occurred.		
24.	Has any governmental unit notified you that you	may be liable or potentially liable	under or in violation of an environme	ental law?	
	■ No				
	Yes. Fill in the details.				
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice	
25.	Have you notified any governmental unit of any	·			
	■ No				
	Yes. Fill in the details.				
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice	

Case number (if known) Debtor 1 Lynnette Echols 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. Nο Yes. Fill in the details. **Case Title** Court or agency Nature of the case Status of the Case Number Name case Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) ☐ A partner in a partnership ☐ An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Business Name** Describe the nature of the business **Employer Identification number Address** Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. Nο Yes. Fill in the details below. Name **Date Issued** Address (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Lynnette Echols Lynnette Echols Signature of Debtor 2 Signature of Debtor 1 Date April 9, 2018 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms? ☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Case 18-10429

Doc 1

Filed 04/10/18

Document

Entered 04/10/18 14:08:57

Page 48 of 68

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtor and the attorney that conflicts with this agreement is void.

A. BEFORE THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.

- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

B. AFTER THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce).
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor, in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
 - ■The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
 - (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:
 - By agreement of the parties for prepetition and preconfirmation work, including consultation, drafting petition and plan, 341 meeting, negotiation with creditors, court hearings, amendments etc.
 - (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
 - (c) The retainer is a flat fee for the services to be rendered during the Chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;

- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the Chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

[Remaining page intentionally left blank.]

F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00.
- 2. In addition, the debtor will pay the filing fee required in the case and other expenses of \$310.00.
- 3. Before signing this agreement, the attorney has received, \$1,000.00 toward the flat fee, leaving a balance due of \$3,000.00; and \$0.00 for expenses, leaving a balance due for the filing fee of \$0.00.
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

Date: April 9, 2018	
Signed:	
/s/ Lynnette Echols	/s/ Kevin D. Rouse ARDC
Lynnette Echols	Kevin D. Rouse ARDC #6284394
	Attorney for the Debtor(s)
Debtor(s)	
Do not sign this agreement if the an	nounts are blank.

Local Bankruptcy Form 23c

Case 18-10429 Doc 1 Filed 04/10/18 Entered 04/10/18 14:08:57 Desc Main Document Page 59 of 68

B2030 (Form 2030) (12/15)

United States Bankruptcy CourtNorthern District of Illinois

In 1	re Lynnette Echols		Case No.	
		Debtor(s)	Chapter	13
	DISCLOSURE OF COM	IPENSATION OF ATTORN	EY FOR DE	EBTOR(S)
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. compensation paid to me within one year before the be rendered on behalf of the debtor(s) in contempla	e filing of the petition in bankruptcy, or	agreed to be paid	to me, for services rendered or to
	For legal services, I have agreed to accept		\$	4,000.00
	Prior to the filing of this statement I have rece			1,000.00
			\$	3,000.00
2.	\$310.00 of the filing fee has been paid.			
3.	The source of the compensation paid to me was:			
	■ Debtor □ Other (specify):			
4.	The source of compensation to be paid to me is:			
	■ Debtor □ Other (specify):			
5.	■ I have not agreed to share the above-disclosed	compensation with any other person unl	less they are meml	bers and associates of my law firm.
	☐ I have agreed to share the above-disclosed com- copy of the agreement, together with a list of the			
6.	In return for the above-disclosed fee, I have agreed	l to render legal service for all aspects of	f the bankruptcy c	ase, including:
	 a. Analysis of the debtor's financial situation, and b. Preparation and filing of any petition, schedules c. Representation of the debtor at the meeting of c d. [Other provisions as needed] Exemption planning; preparation ar and filing of motions pursuant to 11 	s, statement of affairs and plan which ma reditors and confirmation hearing, and a nd filing of reaffirmation agreemer	ay be required; any adjourned hear and applicat	rings thereof; tions as needed; preparation
7.	By agreement with the debtor(s), the above-disclos	ed fee does not include the following se	rvice:	
		CERTIFICATION		
this	I certify that the foregoing is a complete statement bankruptcy proceeding.		yment to me for re	epresentation of the debtor(s) in
	April 9, 2018	/s/ Kevin D. Rouse A		
	Date	Kevin D. Rouse ARI Signature of Attorney	DC #6284394	
		Ledford, Wu & Borg	es, LLC	
		105 W. Madison	, ,	
		23rd Floor		
		Chicago, IL 60602 312-853-0200 Fax:	312-873-4693	
		notice@billbusters.		
		Name of law firm		

Case 18-10429 Doc 1

Filed 04/10/18 Entered 04/10/18 14:08:57

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Packing two Page 60 of 68.

105 W. Madison, 23rd Floor, Chicago, IL 60602 (312)853-0200 Fax: (312)873-4693

ATTORNEY RETENTION CONTRACT

FOR OFFICE US Client No. Responsible attorne

Paytics. In this contract "Client" means the undersigned, both individually and jointly "Attornay" means I adford. Wu & Ro

1. 1 at the a. In this contract, chem means the andersigned, both individually and jointly, 1 thorney means the aborges, bee a
its staff attorneys. This contract shall supersede any prior contracts and agreements between the parties to the extent of inconsistency. In t
event of any inconsistency between this contract and a Court-Approved Retention Agreement, the latter shall prevail.

2.	Services:	Client retains	Attorney for	the following	services:	☑ Chapter	13 bankruptcy	(debt adjustment)	
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Scope of Re	presentation:
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(a) Attorney will counsel and represent Client in all aspects of the above matter(s) for the fee specified in Paragraph 4 EXCEPT: (1) adversary proceedings; (2) post-discharge litigation; (3) appeals; (4) other (specify):

Attorney may agree, but is not obligated, to represent Client in the above excluded matters for an additional fee, to be agreed upon separately by the parties.

4. Fees: 11 mentill	1 10 1111
Legal fee: \$ 7000 PI	US Expenses; \$PLUS \$310 filing fee (a Court-Approved Retention Agreement may apply also
Total be paid before filing: \$_	with payroll control; \$ 1370 without payroll control; \$ 3000 inside plan
TOTAL TO FILE: \$)	2704 less retainer received: \$ 1000 Fee balance: \$ 3700 To be paid by:

The legal fee is an advance payment retainer security retainer classic retainer, and is a flat fee unless otherwise stated. Attorney is unable to represent Client without receiving an advance payment retainer since a security retainer will be within the reach of Client's creditors. Should hourly billing be necessary, Attorney's billing rates are \$300-\$400/hour for partners, \$250/hour for associates, and \$90/hour for law clerks. The filing fee and expenses are subject to change at any time. The billing rates are subject to an annual review and potential increase every calendar year.

The legal fee covers the initial consultation and all subsequent work. The case may be closed if the fees are not paid by the deadline. Additional legal fees may apply if the parties have entered into a Court-Approved Retention Agreement and such Agreement so authorizes, or if the case is converted from one chapter to another. Additional court costs may apply for amending a petition, list, schedule or statement postfiling or other reasons not due to Attorney's fault. NSF checks will be assessed a \$20 fee.

Initial Consultation. Client acknowledges that Attorney has explained the following (please initial):

The options of Chapter 7 and Chapter 13 and that Client has made the choice identified in Paragraph 2

The concepts of exemption, discharge and dischargeability, and pre-filing and post-filing procedures

The difference among various types of retainer and that Client has made the choice identified in Paragraph 4

A Chapter 13 plan will be submitted to the Court in good faith. The plan payment may have to increase if creditor claims come in higher than scheduled, creditors successfully argue that they are entitled to a higher interest rate, the Trustee successfully argues that the budgeted income is lower than actual income, the Trustee successfully argues that budgeted expenses are unreasonably high or the Court makes a finding that the plan is not the best effort you can make to repay your creditors.

TIME IS OF THE ESSENCE. Any delay on Client's part may disqualify Client for the type of relief elected or otherwise adversely affect Client's case. Attorney may not be able to file the case, or take other necessary actions, until all requested documents and/or information, including but not limited to a certificate of credit counseling, are received by Attorney Other (specify):

Client understands that the advice given during the initial consultation is preliminary and based on the information available at the time, and may change as the case is further analyzed, more facts discovered, or Client's circumstances or the law changed.

- 6. Client's Duties. Client agrees, during the course of representation, to:
- (a) provide Attorney with full, accurate and timely information, financial and otherwise;
- (b) follow Attorney's procedures and cooperate with Attorney in providing requested documents and information;
- (c) promptly inform Attorney of any change of address, phone number, e-mail address or employment, or activation of military duty;
- (d) inform Attorney before buying, selling, refinancing or transferring any real property in which Client has any interest, and before incurring any new debt, including but not limited to applying for an auto loan, personal loan, payday loan or title loan, applying for a credit card or line of credit, or using an existing credit card or line of credit; and
- (e) promptly inform Attorney if Client becomes entitled to an inheritance, an asset as a result of a property settlement agreement with Client's spouse or a divorce decree, life insurance proceeds, or a monetary judgment, award or settlement.
- 7. Co-counsel. Client understands that more than one attorney may work on this case. Where necessary, Client agrees to employ outside counsel, at Attorney's expense, to work on this case, including: Kathleen W. Vaught, Kelly M. Johnson, David Carter, or Christina Banyon.
- 8. Termination. Client may discharge Attorney at any time, subject to payment of any fee owed for the services already rendered. Attorney may terminate the representation as permitted by the Illinois Rules of Professional Conduct and Local Bankruptcy Rules. Any flat fee for a bankruptcy case is advance payment for future services, becomes Attorney's property upon receipt, and is nonrefundable upon filing of the petition. In the event the representation is terminated by either party before filing and Client has paid Attorney more than \$300, Attorney will provide Client with a detailed itemization of the services rendered in support of any fee charged at the rate set forth in Paragraph 4, and Client will reimburse Attorney for any expenses, including those that otherwise would be free of charge, and authorizes Attorney to apply the filing fee and any payment for expenses that have not been incurred towards the attorney's fee, subject to the requirements set forth herein.

 X

 Date: 7 / 2 ____Date: 2 /26/18

9112 ARDC# 1284394

BILLBUSTERS

Ledford, Wu and Borges, LLC

105 W. Madison, 23rd Floor, Chicago, IL 60602 (312)853-0200 Fax; (312)873-4693

CONSULTATION AGREEMENT

FOR OFFICE USE
Client No. 71079
Interviewing Attorney: KR
Date: 02-26-2018

THIS AGREEMENT IS REQUIRED BY FEDERAL LAW (11 U.S.C. § 528(a))

- 1. Parties: In this contract, "Client" means the undersigned, both individually and jointly; "Attorney" means the law firm of Ledford, Wu & Borges, LLC and its staff attorneys.
- 2. Purpose: Client has requested the opportunity to consult with and obtain information and advice from Attorney concerning options for relief from debts, which may include filing bankruptcy. This agreement is for purposes of that consultation only.
- 3. Client's Duties: In order for Attorney to give meaningful advice, Client agrees to give accurate, honest, full and fair disclosure of financial information concerning income over the past three years from all sources, monthly living expenses, the type and amount of all debts (including names and addresses of all creditors), all assets and property owned by the client, wherever located and by whomever held, and any additional information determined by Attorney to be relevant.
- 4. Services: The attorney agrees to provide Client with the following services:
 - a. analyzing Client's financial circumstances based on information provided by Client;
 - b. to the extent possible, advising Client of bankruptcy options and non-bankruptcy options based on the information provided by Client;
 - c. if Client has not provided Attorney with sufficient information upon which to fully advise Client on Client's options, informing Client what additional information Client needs to provide in order to enable Attorney to provide such advice and information;
 - d. where applicable, advising Client of the requirements placed upon Client to file a bankruptcy; and
 - e. to the extent possible, quoting a fee for providing bankruptcy and/or nonbankruptcy assistance to Client

5. Fees (check one):
A consultation fee will be waived if Client decides not to retain Attorney, in which case the attorney-client relationship shall terminate at the conclusion of the interview
Client agrees to pay \$ in nonrefundable consultation fee
In the event Client decides to retain Attorney, this consultation becomes billable and is covered by the legal fee charged for the case, and a new written contract, as well as a Court-Approved Retention Agreement if applicable, must be signed by Client and Attorney, which shall supersede this agreement. The new agreement(s) will also provide a detailed explanation of the parties' obligations and a breakdown of the costs.
6. Acknowledgement: Client acknowledges that the first date upon which Attorney provided any bankruptcy assistance to Client is the date noted above, and that Attorney provided Client with a copy of this agreement and the disclosure and information mandated by Section 527(b) of the Bankruptcy Code. X 2/26/18 Date: / /
Attorney Signature: ARDC #: 6284394

United States Bankruptcy Court Northern District of Illinois

		Northern District of Initiols		
In re	Lynnette Echols		Case No.	
		Debtor(s)	Chapter 13	
	VI	ERIFICATION OF CREDITOR M	ATRIX	
		Number of	Creditors:	55
	The above-named Debtor(s (our) knowledge.	s) hereby verifies that the list of credit	ors is true and correct to	the best of my
Date:	April 9, 2018	/s/ Lynnette Echols Lynnette Echols Signature of Debtor		

Lynnette Echols 21653 Inverness Drive Plainfield, IL 60544

Kevin D. Rouse ARDC Ledford, Wu & Borges, LLC 105 W. Madison 23rd Floor Chicago, IL 60602

Americash Loan PO Box 184 Des Plaines, IL 60016-0187

Americash Loans 1726 Jefferson Blvd Joliet, IL 60435

Armor Systems Co 1700 Kiefer Dr Ste 1 Zion, IL 60099

Atg Credit 1700 W Cortland St Ste 2 Chicago, IL 60622

Banfield Pet Hospital 2665 N. Elston Ave. Chicago, IL 60647

Citibank PO Box 6615 The Lakes, NV 88901

Citifinancial Attn: Bankruptcy 605 Munn Dr Fort Mill, SC 29715

City of Chicago Department of Revenue P.O. Box 88292 Chicago, IL 60680 City of Chicago Corporate Counselor 121 N. LaSalle Street Suite 600 Chicago, IL 60602

Clear Spring Loan Serv 18451 N Dallas Pkwy Ste Dallas, TX 75287

Comcast 1255 W. North Ave. Chicago, IL 60622

Comenity Bank/Carsons Po Box 182125 Columbus, OH 43218

Comenity Bank/Victoria Secret Attn: Bankruptcy Po Box 182125 Columbus, OH 43218

Comenitybank/New York AttN: Bankruptcy Po Box 182125 Columbus, OH 43218

Credit One Bank Na Po Box 98873 Las Vegas, NV 89193

Deutsche Bank 60 Wall Street 2015 CH 1003 New York, NY 10005

DuPage Medical Group 15921 Collections Center Dr. Chicago, IL 60693

FCI Lender Services 8180 E. Kaiser Blvd Anaheim, CA 92808 FCI Lender Services PO Box 27370 Anaheim, CA 92809-0112

First National Collection Bureau 610 Waltham Way Sparks, NV 89434-6695

Grove Dental 160 E. Boughton Road Bolingbrook, IL 60440

H & R Block PO Box 272 Springfield, IL 62705

I C System Inc 444 Highway 96 East P.O. Box 64378 St. Paul, MN 55164

IC System Inc. PO Box 64378 Saint Paul, MN 55164

Illinois Tollway Attn: Violation Administration Cent 2700 Ogden Avenue Downers Grove, IL 60515-1703

IRS c/o Centralized INsolvency Operatio P.O.Box 21126 Philadelphia, PA 19114

Linebarger Goggan Blair & Sampson P.O. Box 06152 Chicago, IL 60606-0152

McCalla Raymer Leibert Pierce, LLC 1 N. Dearborn Street, Suite 1200 2015 CH 1003 Chicago, IL 60602

MCOA 3348 Ridge Rd Lansing, IL 60438

Mcsi Inc Po Box 327 Palos Heights, IL 60463

Merchants Cr 223 W. Jackson Blvd. Suite 400 Chicago, IL 60606

Monterey Col 4095 Avenida De La Plata Oceanside, CA 92056

Municollofam 3348 Ridge Road Lansing, IL 60438

Nationwide Credit & Collections, Inc Attn: Bankruptcy 815 Commerce Dr Ste 270 Oak Brook, IL 60523

Oprah Magazine P.O. Box 8464 Red Oak, IA 51591

Palisades Collection LLC 210 Sylvan Ave. Englewood Cliffs, NJ 07632

Palisades Collection LLC PO Box 1274 Englewood Cliffs, NJ 07632

Purchasing Power Llc 1375 Peachtree NE St., Ste 500 Atlanta, GA 30309

Quantum 3 Group LLC P.O.Box 788 Kirkland, WA 98083-0788

Quantum 3 Group LLC as agent for Galaxy Asset Puchasing LLC P.O.Box 788
Kirkland, WA 98083-0788

Santander Consumer Usa Po Box 961245 Ft Worth, TX 76161

Select Portfolio Servicing Po Box 65250 Salt Lake City, UT 84165

Speedy Cash 848 E Sibley Blvd Dolton, IL 60419

Speedy Loan 2850 Belvidere Rd Waukegan, IL 60085

Stellar Recovery Inc 4500 Salisbury Rd Ste 10 Jacksonville, FL 32216

Steller Recovery, Inc. P.O. Box 1119 Charlotte, NC 28201-1119

Sunrise Credit Services, Inc. PO Box 9100 Farmingdale, NY 11735

Trustmark Recovery Service 541 Otis Bowen Drive Munster, IN 46321

TSI/980 600 Holiday Drive Matteson, IL 60443

University of Chicago ROSEN JEFFREY L 541 Otis Bowen Dr. Munster, IN 46321 Valley View Dental 441 N. Weber Road Romeoville, IL 60446

Vativ Recovery Solutions LLC P.O. Box 40728 Houston, TX 77240

Waukegan Loan Management PO Box 184 Des Plaines, IL 60016